

PUBLIC SERVICE CENTRE FOR HUMAN RESOURCE DEVELOPMENT (PSCHRD) NOMINATION FORM

COURSE TITLE: _____

NOMINATING OFFICER: _____

COURSE DATE: _____

POSITION: _____

DATE OF NOMINATION: _____

PERSONAL DATA	CAREER PATH	ACADEMIC AND PROFESSIONAL QUALIFICATIONS INSTITUTION & DATE OBTAINED	PSCHRD & OTHER TRAINING COURSES ATTENDED (NAME AND DATE)	CURRENT TRAINING NEEDS/ REASON FOR NOMINATION (I.E OFFICERS DEFICIENCIES)	COMMENTS) (OFFICIAL USE ONLY)
NOMINATING OFFICER: _____	CURRENT POSITION: _____	ACADEMIC: 			ACCEPTED: _____
DATE OF BIRTH: _____	RESPONSIBILITIES: 				NOT ACCEPTED:
MINISTRY/DEPT: _____	DETAILS OF DUTIES: 				REASONS:
MALE/FEMALE:: _____					REFERRED BY:
DATE OF APPOINTMENT TO PUB. SERV. _____	PREVIOUS POSITION HELD-GOVT/NON GOVT: 				
DATE OF APPOINTMENT TO PRESENT POST: _____					
RETIREMENT DATE:: _____					